



12-6-6

Atty. Dkt. No. 035451-0170 (3708.Palm)

JFZ

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kammer et. al.

Title: LOCATION BASED  
SECURITY  
MODIFICATION SYSTEM  
AND METHOD

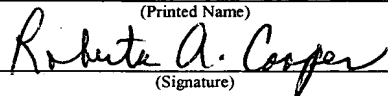
Appl. No.: 10/053,013

Filing Date: 1/18/2002

Examiner: Abedin, Shanto

Art Unit: 2131

Confirmation No.: 2103

|  |                   |
|--|-------------------|
| CERTIFICATE OF EXPRESS MAILING   |                   |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                   |
| EV 904370814 US  | 12/05/06          |
| (Express Mail Label Number)  | (Date of Deposit) |
| Roberta A. Cooper  |                   |
| (Printed Name)   |                   |
|    |                   |
| (Signature)  |                   |

AMENDMENT TRANSMITTAL

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ X ] Amendment and Reply Under 37 CFR 1.116 (13 pages).
- [ X ] Supplemental Information Disclosure Statement Under 37 CFR § 1.56 (2 pages).
- [ X ] Form PTO/SB/08 (1 pages) with 12 listed references.
- [ X ] The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate     |   | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims:  | 52                      | - | 52                     | = | 0                          | x | \$50.00  | = | \$0.00                   |
| Independent<br>Claims:                               | 4                       | - | 4                      | = | 0                          | x | \$200.00 | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                            | + | \$360.00 | = | \$0.00                   |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                            |   |          |   | \$0.00                   |

12/06/2006 HVUONG1 00000012 10053013

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☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|  |            |          |
|--|------------|----------|
| <input checked="" type="checkbox"/> Extension for response filed within the first month: | \$120.00   | \$120.00 |
| <input type="checkbox"/> Extension for response filed within the second month:           | \$450.00   | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the third month:            | \$1,020.00 | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the fourth month:           | \$1,590.00 | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the fifth month:            | \$2,160.00 | \$0.00   |
| EXTENSION FEE TOTAL:   |            | \$120.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):               | \$130.00   | \$0.00   |
| Supplemental Information Disclosure Statement Under                                      |            |          |
| <input checked="" type="checkbox"/> 37 CFR § 1.56  | \$180.00   | \$180.00 |
| CLAIMS, EXTENSION, SUPPLEMENTAL INFORMATION  |            |          |
| DISCLOSURE STATEMENT AND DISCLAIMER FEE TOTAL:   |            | \$300.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):                  |            | \$0.00   |
| Extension Fees Previously Paid:  |            | \$0.00   |
| TOTAL FEE:   |            | \$300.00 |

A credit card payment form in the amount of \$300.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/5/2006

By Matthew J. Swietlik

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Customer Number: 26371  
Telephone: (414) 319-7306  
Facsimile: (414) 297-4900

Matthew J. Swietlik  
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Registration No. 58,428